

PART B—ISSUE FEE TRANSMITTAL

242-625
561-30

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)				
		INVENTOR'S NAME Street Address City, State and ZIP Code				
		CO-INVENTOR'S NAME Street Address City, State and ZIP Code				
		RECEIVED Publishing Division JUL 15 1996 GP <input type="checkbox"/> Check if additional changes are on reverse side				
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT			DATE MAILED
08/028,795	03/08/93	066	CASLER, B			3305 04/29/96
First Named Applicant	AARON G.					
TITLE OF INVENTION		IMAGE NEUROGRAPHY AND DIFFUSION ANISOTROPY IMAGING				

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3	UOFW16938	128-653.200	W40	UTILITY	YES	\$625.00	07/29/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
CHRISTENSEN, O'CONNOR JOHNSON & KINDNESS PLLC 1420 Fifth Avenue Suite 2800 Seattle, Washington 98101	CHRISTENSEN O'CONNOR JOHNSON & KINDNESS PLLC 2 _____ 3 _____

DO NOT USE THIS SPACE 820 AW 07/22/95 08020795
 1 242 625.00 CK
 1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>
(1) NAME OF ASSIGNEE: <u>University of Washington</u>	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>03-1740</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____
(2) ADDRESS: (CITY & STATE OR COUNTRY) <u>Seattle, Washington</u>	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

- A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(Authorized Signature) James W. Anable (Date) 07/11/96
 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on July 11, 1996
(Date)

Christine E. Barry
(Name of person making deposit)

Christine E. Barry
(Signature)

July 11, 1996
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.

PART C—CHARGE TO DEPOSIT ACCOUNT

242-625
561-30.

1. CORRESPONDENCE ADDRESS

CHRISTENSEN, O'CONNOR,
 JOHNSON & KINDNESS
 2800 PACIFIC FIRST CENTRE
 1420 FIFTH AVE.
 SEATTLE, WA 98101

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First Named Applicant	EILLER,		AARON G.	

TITLE OF INVENTION

IMAGE NEUROGRAPHY AND DIFFUSION ANISOTROPY IMAGING

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3 UOFW16938	128-653.200	W40	UTILITY	YES	\$625.00	07/29/96

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2a. The following fees are enclosed:

 Issue Fee Advance Order - # of Copies 10

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-1740 Issue Fee Advance Order - # of Copies _____ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue fee to the application identified above.

(Authorized Signature)

James W. Anable, Reg. No. 26,827 7/11/96

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2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT